

STATE OF SOUTH DAKOTA REQUISITION REQUEST

Position Number(s) _____	BOP USE ONLY
Class Title _____	Requisition# _____
Class Code _____	Closing Date _____
Pay Grade _____ Salary if other than minimum \$ _____	Salary _____

Department _____	Type of Announcement: SELECT ONE
Division/Program _____	<input type="checkbox"/> Open and Competitive (open to the public)
Location _____	<input type="checkbox"/> Statewide Promotional (State employees only)
Number of Positions _____	<input type="checkbox"/> Department Promotional
	<input type="checkbox"/> Unit-specific Promotional _____
SELECT ONE	Type of Recruitment: SELECT ONE
<input type="checkbox"/> Hourly	<input type="checkbox"/> Recruitment with Firm Closing Date. Indicate
<input type="checkbox"/> Salaried	DURATION of announcement (in weeks)
SELECT ONE	_____
<input type="checkbox"/> Full Time	(Must be open a minimum of one week)
<input type="checkbox"/> Part Time	<input type="checkbox"/> Open Until Filled
Most recent incumbent _____	<input type="checkbox"/> Continuous Recruitment
Date position vacated _____	

<input type="checkbox"/> yes	Is a Keyboarding Test required (for clerical positions only)?
<input type="checkbox"/> yes	Is a Commercial Driver's License (CDL) required?
<input type="checkbox"/> yes	Does this position require a background investigation?
<input type="checkbox"/> yes	Does this position require a drug test (safety sensitive positions only)?
<input type="checkbox"/> yes	Does this position require an abuse and neglect screening?

Position Purpose: Indicate any additions, deletions, or revisions to the Position Purpose from the class specification. Also list duties of the position if you want to include them on the announcement.

Entry-level Knowledge, Skills, and Abilities: Indicate any additions, deletions, or revisions to the Knowledge, Skills and Abilities listed in the class specification.

Selective Certification: If this position has specific education or license requirements because of state or federal regulations, please indicate.

Comments: Please describe any additional information that may be beneficial to the applicant, including, but not limited to amount of travel, hours of work, physical requirements, etc.

☐ I would like assistance with the screening process from the Bureau of Personnel.

Initial Screening Methods: If you wish to use a questionnaire or other screening device *at the time of announcement*, please indicate your preference and attach appropriate documents.

- ☐ Questionnaire mailed to each applicant. Attach questionnaire.
- ☐ Questions to be included in the announcement when posted. Attach list of questions.
- ☐ Other. Please indicate the process and attach appropriate information or document.

Approval Signatures

Name

Phone

Mailing

Address

Supervisor of the Position

_____ FAX _____

BUREAU OF PERSONNEL USE ONLY

Send Certification of Eligibles and application copies to:

SELECT ONE

☐ Supervisor ☐ Human Resource Manager

HRM Signature

Date

HRM Employee Number